

		JA 20 APPOINTM	IENI OF AND	AUIHOKI	I I IO PAY	COURTA	APPOINTED	COUNSEL				
I .	1. CIR/DIST/DIV. CODE AMAX 2. PERSON REPRESENTED Morillo, Frank						VOUCHER NUMBER					
3. MAG. DKT./DEF. NUMBER 1:5 -000452-001			. DIST. DKT./I	ER 5. A	PPEALS	DKT,/DEF, N	UMBER	6. OTHER DKT, NUMBER				
l , , , , , , , , , , , , , , , , ,				PAYMENT CATEGORY Felony			9. TYPE PERSON REPRESENTED Adult Defendant			10. REPRESENTATION TYPE (See Instructions) Criminal Casc		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1546. F FRAID AND MISUSE OF VISAS/PERMITS											<u>;</u>	
P C N B	AND MAILING ADDRESS PARKER, E. Peter ONE COMMERCIAI NORTH - 2ND FLOC BOSTON MA 02116 Telephone Number: (617)	742-9099	t			Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court ()3/3 1/2(0)5 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. VES NO						
	CATEGORIES (Attach itemization of sc		rvices with dates)		HOURS CLAIMED	URS TOTAL AMOUNT CLAIMED		MATH/TECH ADJUSTED HOURS	MATH/ ADJUS AMO	STED	ADDITIONAL REVIEW	
15.	a. Arraignment and/o	· Plea				- 1999	CONTRACTOR OF THE PERSON NAMED IN			and the second		
	b. Bail and Detention	b. Bail and Detention Hearings										
	c. Motion Hearings	c. Motion Hearings										
l n	d. Trial									242,000		
n C	e. Sentencing Hearing											
0	f. Revocation Hearing						- 4					
ц Г	g. Appeals Court	•				\dashv				. Ser		
t				+		-			الالتعيث	TAXABLE .		
	h. Other (Specify on a	dditional sneets)	ional sheets)									
	(Rate per hour =	(Rate per hour = \$) TOTALS:										
16.	a. Interviews and Cor	a. Interviews and Conferences					2.14607			.,		
Ŷ	b. Obtaining and reviewing records											
0	c. Legal research and	brief writing										
f	d. Travel time					4400	a was		· Au			
ò	e. Investigative and O	ther work (Sr	pecify on addition	nal sheets)					400			
r	(Rate per hour =		TO	TALS:								
17.	 	odging, parking, me		53	200 ann an 180 ann an 180 ann an 180 an Barangaran an 180 a	/SSY				+		
18.	 	other than expert, tra		2				State of the State of the				
16,	Other Expenses (and a shake	378			***			
	TOTAL	SAGLET & SCITTING					,			i		
19.	FROM TO TO				VICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITI					E DISPOSITION	
22. CLAIM STATUS Fi ial Payment Interim Payment Number Supplemental Payment Ilave you previously applied to tle court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have 'ou, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date:												
APPROVED FOR PAYMENTS COURTS IS ONLY												
23.					VEL EXPEN	animin in Mass	i .			7. TOTAL	AMT. APPR / CERT	
28.	SIGNATURE OF THE PRI	E OF THE PRESIDING JUDICIAL OFFICER				DATE			28	28a. JUDGE/MAG. JUDGE CODE		
29,	IN COURT COMP.	0. OUT OF COUR	OUT OF COURT COMP. 31. TRAVI			XPENSES 32. OTHER EXP			33. TOTAL AMT. APPROVED			
34.	SIGNATURE OF CHIEF JI approved in excess of the statut	TE) Payment		DATE	DATE 34a. JUDGE CODE			E CODE				